

AFFIDAVIT

I, Dr Raluca Savu affirm that attached is a true and accurate copy of the letter I received from Dr Garace Mushrush, MD

Raluca, MD

Raluca Savu, MD

Harvard Medical School

Grace J. Mushrush, M.D.
Director



Department of Psychiatry

Fe Erlita Festin, M.D.
Assistant Director

April 3, 2000

Dear Dr. [REDACTED]

The Psychiatry Service Training Committee met on Monday, April 3, 2000 to discuss the difficulties you seem to be having in evaluating patients and in working in the urgent care clinic. It was unanimously agreed to send you this letter of warning which can be lifted should your performance improve to an acceptable level.

After discussing with Dr. Dickinson, we have agreed on the following:

AMBULATORY CARE:

1. Patients should be seen and examined with special attention to areas pertinent to the Chief presenting problems.
2. The patient will be presented to the Attending Staff Physician.
3. The staff M.D. will then either request other elements of the H&P be obtained, suggest specific lab tests or x-rays, or see the patient.
4. Pertinent parts of the patient's history should be elicited and a focused physical exam should be done by the Attending MD both to confirm the findings as presented and for teaching purposes.
5. Dr. [REDACTED] should formulate a differential diagnosis and present this to the Attending MD immediately after the patient is seen.
6. A treatment plan will be decided on by the Attending MD after discussion with Dr. [REDACTED]
7. Medication orders should be entered by Dr. [REDACTED] and signed by the Attending MD
8. If patient flow becomes backed up, the Staff MD may decide that Dr. [REDACTED] should observe only. This decision will be at the discretion of the Staff MD working in Urgent Care.
9. The staff MD will write an addendum or separate progress note as appropriate to document the supervision and patient care.

ON CALL ON PSYCHIATRY:

1. Dr. [REDACTED] histories and physicals must be reviewed and cosigned by the senior resident on call.
2. Dr. [REDACTED] orders, including medication must be reviewed and cosigned by the senior resident.
3. Dr. [REDACTED] performance will be reviewed again on April 17, 2000. At that time a decision will be made whether to put Dr. [REDACTED] on probation or to lift the warning.
4. Further, the training committee strongly recommends that Dr. [REDACTED] seek psychiatric counseling for resolution of her current psychological difficulties.

Sincerely yours,

Grace J. Mushrush, M.D.
Grace J. Mushrush, M.D.

A copy of this letter was reviewed with Dr. [REDACTED] and given to her.

Signed [REDACTED]

Date 4/5/00